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The parent-child relationships of fifteen institutional children and their response to casework services

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THE PARENT-CHILD RELATIONSHIPS OF
FIFTEEN INSTITUTIONAL CHILDREN AND THEIR
RESPONSE TO CASEWORK SERVICES

A THESIS
SUBMITTED TO THE FACULTY OF ATLANTA UNIVERSITY
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE DEGREE OF MASTER OF SOCIAL WORK

BY
DELO ELIZABETH WASHINGTON

SCHOOL OF SOCIAL WORK

ATLANTA, GEORGIA
JUNE 1959
To Fred, Shelly, and Fredrica
ACKNOWLEDGMENTS

The writer wishes to express her gratitude to Miss Claire E. Stone--Director of Social Services at the Leake and Watts Children's Home--for her assistance in securing information; to Mrs. Melvina Hurst--her second year field work supervisor--for her interest; and to Miss Estelle Clemmons--her thesis adviser--for her assistance and patience.

D. E. W.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>ACKNOWLEDGEMENTS</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter</td>
<td></td>
</tr>
<tr>
<td>I. INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>Significance of the Study</td>
<td>1</td>
</tr>
<tr>
<td>Purposes of the Study</td>
<td>1</td>
</tr>
<tr>
<td>Methods of Procedure</td>
<td>2</td>
</tr>
<tr>
<td>Scope and Limitations</td>
<td>3</td>
</tr>
<tr>
<td>II. DESCRIPTION OF THE AGENCY</td>
<td>5</td>
</tr>
<tr>
<td>Development of Agency Services</td>
<td>5</td>
</tr>
<tr>
<td>The Physical Plant</td>
<td>6</td>
</tr>
<tr>
<td>The Staff</td>
<td>6</td>
</tr>
<tr>
<td>Services to Children</td>
<td>7</td>
</tr>
<tr>
<td>III. THE THEORETICAL FRAME OF REFERENCE</td>
<td>10</td>
</tr>
<tr>
<td>IV. DESCRIPTIONS OF PARENT-CHILD RELATIONSHIPS STUDIED</td>
<td>15</td>
</tr>
<tr>
<td>Ego-Defective Parents</td>
<td>15</td>
</tr>
<tr>
<td>Case No. 1 - G. M.</td>
<td>15</td>
</tr>
<tr>
<td>Case No. 2 - D. G.</td>
<td>16</td>
</tr>
<tr>
<td>Case No. 3 - C. S.</td>
<td>16</td>
</tr>
<tr>
<td>Case No. 4 - C. N.</td>
<td>17</td>
</tr>
<tr>
<td>Case No. 5 - G. D.</td>
<td>17</td>
</tr>
<tr>
<td>Summation</td>
<td>18</td>
</tr>
<tr>
<td>Parents Who Feed on their Child for Mental Survival</td>
<td>19</td>
</tr>
<tr>
<td>Case No. 6 - W. L.</td>
<td>20</td>
</tr>
<tr>
<td>Case No. 7 - S. C.</td>
<td>21</td>
</tr>
<tr>
<td>Case No. 8 - T. V.</td>
<td>22</td>
</tr>
<tr>
<td>Case No. 9 - C. G.</td>
<td>22</td>
</tr>
<tr>
<td>Summation</td>
<td>23</td>
</tr>
<tr>
<td>Narcissistic Parents</td>
<td>24</td>
</tr>
<tr>
<td>Case No. 10 - G. S.</td>
<td>24</td>
</tr>
<tr>
<td>Case No. 11 - L. G.</td>
<td>25</td>
</tr>
<tr>
<td>Case No. 12 - R. K.</td>
<td>25</td>
</tr>
<tr>
<td>Case No. 13 - D. S.</td>
<td>26</td>
</tr>
<tr>
<td>Summation</td>
<td>26</td>
</tr>
<tr>
<td>Parents Whose Neurotic Equilibrium Has Broken Down</td>
<td>28</td>
</tr>
<tr>
<td>Case No. 14 - P. H.</td>
<td>28</td>
</tr>
<tr>
<td>Case No. 15 - J. Mc.</td>
<td>28</td>
</tr>
<tr>
<td>Summation</td>
<td>29</td>
</tr>
<tr>
<td>Chapter</td>
<td>Page</td>
</tr>
<tr>
<td>---------</td>
<td>------</td>
</tr>
<tr>
<td>V. A DESCRIPTION OF THE STUDIED RESPONSES</td>
<td>30</td>
</tr>
<tr>
<td>Responses of Children Whose Parents Were</td>
<td></td>
</tr>
<tr>
<td>Classified as Ego-Defective</td>
<td>30</td>
</tr>
<tr>
<td>Case No. 1 - G. M.</td>
<td>31</td>
</tr>
<tr>
<td>Case No. 2 - D. G.</td>
<td>32</td>
</tr>
<tr>
<td>Case No. 3 - C. S.</td>
<td>33</td>
</tr>
<tr>
<td>Case No. 4 - C. M.</td>
<td>35</td>
</tr>
<tr>
<td>Case No. 5 - G. D.</td>
<td>36</td>
</tr>
<tr>
<td>Responses of Children Whose Parents Fed</td>
<td>38</td>
</tr>
<tr>
<td>On Them for Mental Survival</td>
<td></td>
</tr>
<tr>
<td>Case No. 6 - W. L.</td>
<td>38</td>
</tr>
<tr>
<td>Case No. 7 - S. C.</td>
<td>39</td>
</tr>
<tr>
<td>Case No. 8 - T. V.</td>
<td>40</td>
</tr>
<tr>
<td>Case No. 9 - C. G.</td>
<td>41</td>
</tr>
<tr>
<td>Responses of Children Whose Parents Were</td>
<td>42</td>
</tr>
<tr>
<td>Classified as Narcissistic</td>
<td></td>
</tr>
<tr>
<td>Case No. 10 - G. S.</td>
<td>42</td>
</tr>
<tr>
<td>Case No. 11 - L. G.</td>
<td>43</td>
</tr>
<tr>
<td>Case No. 12 - R. K.</td>
<td>45</td>
</tr>
<tr>
<td>Case No. 13 - D. S.</td>
<td>47</td>
</tr>
<tr>
<td>Responses of Children Whose Parents' Mental Equilibrium Has Broken Down</td>
<td>48</td>
</tr>
<tr>
<td>Case No. 14 - P. H.</td>
<td>48</td>
</tr>
<tr>
<td>Case No. 15 - J. Mc.</td>
<td>50</td>
</tr>
<tr>
<td>VI. CONCLUSIONS</td>
<td>52</td>
</tr>
<tr>
<td>APPENDIX</td>
<td></td>
</tr>
<tr>
<td>Schedule for Reading Records</td>
<td>60</td>
</tr>
<tr>
<td>BIBLIOGRAPHY</td>
<td>61</td>
</tr>
</tbody>
</table>
CHAPTER I

INTRODUCTION

Significance

The tremendous gains in knowledge concerning development of children and an accompanying expansion of special children's services have magnified the challenges to child welfare services. Among such challenges lies one rooted in the establishing of methods and skills with the objective that children in inadequate families may be strengthened and kept secure.\(^1\) Knowledge borrowed from medicine, psychology and other related sciences have repeatedly served as sources to be tapped in an effort to gain more insight toward the solution of problems concerned with the best possible care for these children and youth. The awareness and interrelatedness of such knowledges have fostered an increased interest in the cause and effect relationships incorporated in children's behavior—behavior which lends itself to scrutiny when it is learned, among other things, that "a factor which increasingly calls for placement of a child in a facility away from his own home is that of acutely disturbed child-parent relationships."\(^2\)

The adjustment of any child to new environmental situations is colored, to a large extent, by his previous experiences—experiences which are often influenced by his relationships with his parents. It is


\(^2\)Ibid., p. 86.
being overwhelmingly recognized that

... the normal wholesome needs of children, if understood
and reasonably met by those in charge of them, would go far
toward solving effectively many of our unsocial situations ... .
If 'character is each man's destiny,' the power of those who
help to make it during childhood is certainly very great, and
the interest of all those affected by it greater than can be
pictured.¹

With the changing demands of the time, the Leake and Watts Children's
Home in Yonkers, New York has sought to alter its policies and procedures
to meet these urgent needs. Expansion of the agency's services has
merited its description as a "multiple-function" social agency.² Consequently, the institution's role in coping with many of its perplexing
problems submits to constant challenges of finding new and better methods,
skills, and understandings for the treatment of behavior and its possible
goal and effect relations--relations which are of utmost importance to
any profession interested in the study of human behavior.

Purposes

The purposes of this study were to ascertain the parent-child
relationships of 15 institutional children and to describe these children's
responses to casework services in terms of their adjustment in the
institution.

Methods of Procedure

Selected bibliographical material was used to supplement knowledge
concerning parent-child relationships and to describe some behavior patterns

²The Leake and Watts Children's Home Biennial Report--1953-54 (New York,
1954), p. 3.
resulting from institutional living. Fifteen case records, which included children who had resided at the institution for at least 2 years as of December 1, 1958, were chosen. These cases involved those children whose placements were precipitated by inadequate parent-child relationships.

The parent-child relationships at the time of placement were detected by the use of a schedule designed to include this according to Esther Glickman's diagnostic categories of parents. These categories include: Ego-defective Parents, Parents Who Feed on their Children for Mental Survival, Narcissistic Parents, and Parents Whose Neurotic Equilibrium Has Broken Down.

The devised schedule included excerpts from the Hunt Movement Scale to describe the children's responses to casework services during their first and second years in the institution. Three main categories were used to classify such responses: Indications of Adaptive Ability or Efficiency in Environment, Indications of Attitude or Understanding as Evidenced from Child's Verbalizations, and Indications of Disabling Habits and Conditions.

Scope and Limitations

This study was limited to a sample of fifteen cases taken from the active files of the institutional children at the Leake and Watts Children's Home. Case studies consisted of children who had resided at the institution for at least two years; where there were siblings, one child

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was selected at random. The two year time limit was used to give a fairly adequate length of time wherein casework service was given and to give periods for comparison of responses. Active case records were used because of the writer's opportunities for observing the children. Because of her six months placement in the agency extending from September 3, 1958 to February 27, 1959, the writer finds the study further limited. Her inexperience in research also restricts the study's scope.
CHAPTER II

DESCRIPTION OF THE AGENCY

Development of Agency Services

The Leake and Watts Children's Home in Yonkers, New York has enjoyed a history of production and progress. Since March 7, 1831, when the agency was incorporated by an act of the New York State Legislature as the Leake and Watts Orphan House, its stated function ("to serve helpless orphan children of New York City without regard for nationality, race, or creed"\(^1\)) was characteristic of an awareness of the need for special services for all children. However, at the time when the first children were admitted to care in 1843, the institution was a large congregate one located in New York City, mainly serving white children since other agencies existed for Negro ones.

"The institution has progressed through the overlapping stages of being an asylum, a school, and a home to arrive . . . to the fourth stage of being a social agency."\(^2\) Significant changes during this time included the addition of several cottages donated by Mr. Edwin Gould in the 1920's, participation of the children in the life of the community (by attending public schools, for example), rendition of services to all races in accordance with the Racial Discrimination Amendment to the New York City Charter in 1942, formation in 1944 of a foster home department which was


to expand quickly, and finally the creation of an all-cottage institution. Mergers—with the Episcopal Home in 1947 and the Sevilla-Hopewell Society in 1948—resulted in an expansion of service potential and in the change of charter name to The Leake and Watts Children's Home, Inc. The agency had as its corporate purpose "service to dependent and neglected children."

The Physical Plant

In 1891, the present administration building—an impressive, aging two-story yellow brick structure—was erected in Yonkers, New York. The building, which overlooks the Hudson River, housed the offices, children, and some staff members. Innovations in living conditions eventually came with the building of cottages and a realization of new attitudes regarding group living and how it affected the normal growth of children.

Presently, the main building is occupied by the Social Service Department, psychological and psychiatric staff, business and clerical offices, an auditorium, and a Protestant Episcopal Chapel on the first floor. Some living facilities for staff and the infirmary are located on the second floor, while the dining hall, the Dental Clinic, and some group work and recreational facilities are housed in the basement. A gymnasium, two small classrooms and additional recreational facilities are found in the north wing. Scattered over the spacious premises are eight cottages offering residence for from six to twenty-two children along with several staff houses.

The Staff

A board of directors numbering 23 engages an Executive Director whose responsibility includes the administration of the agency. The
hierarchy of administrative responsibilities further includes the following: the Director of Social Services, who is held accountable for the social service staff which includes some 18 workers (including a majority of professional caseworkers, one fairly recent employed professional group worker, and some case aides), other team members (part-time psychiatrists and psychologists), and the Director of Cottage Life. The latter, in turn, supervises those aspects of cottage living which involve the cottage parents, counselors, and the kitchen staff; the Assistant Executive Director supervises the maintenance staff.

Services to Children

Although there are some private placements, children are primarily referred to the agency by the New York City Department of Welfare and the New York City Children's Court. These children, who are ruled dependent or neglected, are "non-delinquent youngsters who for many reasons—death, desertion, illness of parents, parents' emotional problems, or their own serious behavior problems—must be cared for out of their own homes."\(^1\) Usually long-term care (whether it be institutional or foster home care) is given according to the individual child's need. The institution houses about 86 children, while the foster home department is presently being expanded to serve at least 350 children with foster homes found within a radius of one hundred miles from Yonkers.

Actual services to children begin at intake when the Director of Social Services screens applications and referrals to make assignments

to particular workers. The phases of services involve those given during intake, under care, after care or discharge. Because many of the children needing care require intensive treatment, available along with casework services are psychological, psychiatric and remedial educational services for the child whenever these services are deemed necessary.

Children, usually from 6 years to 16 years, who cannot make constructive use of living with the close family relationships and responsibilities in a home, or who are not adjusting well there for one reason or another, are those who enter the institution. Provided for them is a program of casework and other treatment services, education on the grounds for those few who require it and public school education for the others, recreation and group work services directed by the relatively new group work department, medical care, and religious life.

The institutional child is the recipient of casework services throughout his stay in the institution. The caseworker fosters the bond with the past, the present, and the future. The adjustment of the child is furthered as the institution caseworker works with all persons associated with the child's welfare. These people include those in the child's own family, sometimes his former foster parents, the institutional staff, the school, the community, and many times people in other social agencies.

The caseworker, recognizing the meaning of separation, assists the child and his family to accept placement when group living is indicated for a particular child. The worker also supervises the development of the child during his group living experience as the child's needs, adjustment and progress are constantly evaluated. This evaluation aids the worker in determining the need for more intensive casework treatment, use
psychological testing and/or psychiatric evaluation, or consultation and therapy. The responsibility for effecting continuing relationships between the agency, the child, his family, and in some instances, the foster parents, lies with the institutional worker. The caseworker is also held accountable for regulating or limiting home visits depending upon the child's situation.¹

¹Ibid., p. 13.
Much of the literature on parent-child relationships is nonexperimental in nature. Although it does not possess the precision and accuracy desired for diagnosis, therapy, and prediction, it is suggestive of trends in the relationships between the home environment and the behavior of the child.

Nonexperimental reports are unanimous in the opinion that the influence of the home is exceedingly great in the life of the child because of the primacy, pervasiveness, and duration of its contacts with him.

Many aspects of parental behavior have received considerable attention. In some instances, the child's relation to his parents may have been elaborately theorized. Nevertheless, it may be said with relative accuracy that whenever parent-child relationships have been studied, there have been attempts at classification of parents. This is usually followed by comparing certain parental attitudes and behavior with the ensuing attitudes and behavior of the child. The factors which constitute these criteria are sometimes set up by the researcher in terms of his own judgment, in terms of certain information revealed by the parent, or in terms of certain reactions seemingly evident in all parent-child relationships as seen by some disciplines. This "constellation of behavior characteristics" quite often serves as an index to some of the causes and effects of certain attitudes.

Frequently, parental relationships (negative)—determined largely by the nature and extent of psychological satisfactions child and parents receive (where there is not even a minimum of wholesome family relationships)

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1Marian J. Radke, The Relation of Parental Authority to Children's Behavior and Attitudes (Minneapolis, 1946), p. 3.
reciprocally—have been described in terms of rejection, overprotection or overindulgence, authoritarianism and overstrictness, and ambivalence.¹ The parents who reject their child are essentially indifferent or hostile; they may abandon the child, isolate, or seclude him. In turn, the child may resort to attention-getting behavior sometimes characterized by hostility and rebellion—frequent indications of new adjustment problems.

Many parents, because of guilt feelings about not wanting the child or some such similar motive, overprotect him. Overprotection in many instances is an expression of anxiety that is in no way related to the child. Then, such anxiety is motivated by the fear that something might happen to the child for one reason or another. This child's initiative for equal participation in his social relationships is often stifled because of these experiences.

Overindulgence is closely allied to overprotection. The family is subjected to most of the child's needs and desires—gestures characterizing the dependency relationship which so often exists. The overindulged child learns little about sharing with others and often does not develop the tolerance for frustration which is necessary for healthy emotional growth.

The enforcement of excessive discipline is characteristic of the authoritarian or overstrict parent. The strict obedience demanded by the parent and the stern standards he sets for the child may promote dependency or reactions of defiance and regression. Although it is normal to have mixed feelings about one's child, there are occasions when these feelings are expressed in terms of behavior that is so inconsistent that the child

becomes anxious and uncertain. The ambivalent parent, too, needs to exercise caution in his relationship with his child.

Esther Glickman has explained her attempt at the classification of parents thus:

\[ \ldots \] In determining the psychosocial diagnosis of placement of a child, it would seem that confusions would be reduced, uncertainties lessened, and the diagnosis made more accurate if some specific personality dynamic or constellation of dynamics could be isolated in parents and child, which would point toward the need for placement, whether that was by request of the parents or by court order. Furthermore, even tragic reality situations by themselves, as in the death of both parents, do not create this diagnosis as the orphaned child does not always require placement through an agency, for close relatives may assume full care. Actually there seems to be no distinctive psychological mechanism or specific character structure in parents of placed children or in the children themselves which is not also found in families met in other agency settings. The differences which are present in the families who are seen in placement agencies lie first in the quantity of the disturbance and in its lack of compensations, personality or family relationships.\[1\]

It is universally known that problems arise in any group, but "whether they become disruptive or not depends on their severity, on the resources or alternatives available to the persons facing them, and on the persons' interpretation of attitude toward conflict situations."\[2\] The preceding statement may be suggestive of the family's emotional economy which includes the role of family members and their integrative capacities. The source of the difficulty may also be as related to external and environmental factors as proposed solutions may depend on the personalities of the parents and on established patterns of interaction. Glickman's categories—

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\[1\] Glickman, op. cit., p. 23.

\[2\] Lehner and Kube, op. cit., p. 192.
Ego-Defective Parent, the Parent Who Feeds on his Child for Mental Survival, the Narcissistic Parent, and the Parent Whose Neurotic Equilibrium has Broken Down—are primarily concerned with the preceding factors.

Factors relating to the institutional child's response to casework services are varied. It may be noted:

... Since the emphasis of institutional care is shifting from the concept of providing a substitute home for dependent and neglected children to providing specialized services to children whose needs can be met more effectively in a group setting than in a family home, casework services for the parents and the child must be provided. The living situation itself is extremely important...

... The direction of the casework help for the children about whom the institution staff feels the need for psychiatric guidance is planned after consultation with the psychiatrist. However, many children are helped to mature through the living experiences at the institution. The caseworker can help the child to gain awareness of attitudes that affect his adjustment, and of behavior which disturbs him or the other children, so that the child may assume some responsibility for changing unacceptable behavior.

Some children have few problems directly connected with day-to-day living in the institution. They may conform, get along with other children, and carry their tasks efficiently. Because they cause no trouble, or make no demands, their need for help may be overlooked. That their problems continue to retard their own development may be seen in their lack of enthusiasm, spontaneity, and their generally unhappy appearance. The caseworker can help them by examining with them why they are in the institution, and through this discussion may reach their feelings about their life at home and their relationship with their parents—the source of their anxiety and unhappiness.

For those children who benefit best from institutional living, there usually exist emotional reactions common to the group according to their previous experiences. Aside from the child's attitude at placement, the

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1Henrietta L. Gordon, Casework Services for Children (Boston, 1956), pp. 192, 207-208.
somewhat conditioned environment of the institution stimulates certain responses. The course any child takes to a situation takes the form of either approaching it, attacking it, or withdrawing from it. The way children of parents in a certain category respond to casework services in an institutional setting will be interesting to note as descriptions of these responses are given in a later chapter.
CHAPTER IV

DESCRIPTIONS OF PARENT-CHILD RELATIONSHIPS

According to Glickman's classification, 5 of the 15 parent-child relationships studied, revealed Ego-Defective Parents; 4 cases revealed Parents Who Fed On their Children for Mental Survival; 4 others involved Narcissistic Parents; and 2 cases concerned Parents Whose Neurotic Equilibrium Had Broken Down. Although common features to all groups may be detected in each of them, each category has outstanding characteristics of its own so as to singularize it from any other category.

Ego-Defective Parents

These parents are considered to be the most easily detected ones in that placement of the child is usually without question. They include the criminal, the alcoholic, the psychotic, and sometimes the prostitute—parents who exercise physical and emotional violence for a long period of time, inflicting extensive damage on the child's personality. Court action, criminal offenses by the parent leading to his arrest, or reports of neighbors, often prompt placement of the child who would have a better chance for normal growth outside of the home.

Case No. 1 - G.M. - White - Age 16

G. was referred for placement at the request of his father who was dissatisfied with the care G. and his younger brother were given by a maternal great aunt. The children's own mother, considered to be intelligent, outgoing, and friendly, had a

1 Categories are summaries of Glickman's classification.
good relationships with them before she was committed to a TB hospital. She spoke frankly of her marriage which was apparently an unhappy one. There was a history of marital discord allegedly rooted in the father's alcoholism. This prompted his seeing a psychiatrist who said father was dangerous when under the influence of alcohol.

Mrs. M. described her husband as being a heavy drinker who was extremely abusive and belligerent. The marital situation reached its climax when, after 3½ years, Mr. M. stabbed his wife and one of the boys accidentally during an argument with Mrs. M. He received a short prison term and was ordered to stay away from his wife. After his release, Mr. M. visited maternal great aunt's house where children were placed since their mother's hospitalization. Mother was adamant in her refusal to let the boys go to a foster home. Mr. M. felt that the children were not given adequate supervision and were permitted to roam the streets pretty much on their own. Shortly after this, the maternal great aunt suffered a stroke and had to be removed to the hospital. Since that time, the children were with the father, but under extremely poor circumstances...

Case No. 2 - D.G. - White - Age 16

The Department of Family and Child Welfare referred D. and her two siblings for foster home placement as a result of a neglect charge against the child's parents. Mrs. G. deserted when her husband, who drank heavily, returned from the service.

The mother showed no interest in the children, nor did she express concern for them. She was considered a very immature, confused individual who could not face responsibility of caring for three children without a great deal of support and affection and had a history of promiscuity. Placed at the age of 15 because of desertion by her parents, she had an out-of-wedlock child. Later, she lived with Mr. G. and gave birth to their three children before they were married. Since the separation from her husband, she lived with an older man.

Mr. G. could not meet his wife's need as he was himself an unstable, immature, person who drank heavily and was in frequent difficulty. He only showed periodic interest in D. and her siblings.

Case No. 3 - C.S. - White - Age 15

Because of his inability to adjust to class routines and because of his aggressiveness in the school setting towards other children, C. was referred to the Bureau of Child Guidance by his school social worker. Institutional placement was recommended.
Mrs. S.—C.'s mother—was found to be a very nervous and disturbed individual who was unable to cope with C. and the problems he presented in the home. When the child was 8 years old, the school referred parents to the Society for the Prevention of Cruelty to Children because S. had come to school with one hand badly bruised and swollen. He told the teacher that his mother had beaten and kicked him, then made him promise not to tell anyone what had happened. The S.P.C.C. worker found both parents lacking in understanding of the boy and resentful of him. Both admitted punishing C., but with little effect. Mother blamed C. for her nervousness and for the death of two of her babies who apparently succumbed because of mother's own neglect.

The home was described by the worker as being very disorganized with constant bickering and argument between both parents along with father's tendency to indulge in strong drinks, at which time he was punitive and abusive in his relationship with his family.

Case No. 4 - C.M. - White - Age 16

C. and an older sister were referred to the Department of Welfare by the Children's Court. A petition of neglect against the mother prompted this, since the home conditions were described as being poor; the mother was considered to be unstable, alcoholic and promiscuous, consequently unable to give consistent and adequate supervision to her children.

The family was in continuous turmoil and the entire familial relationship was in a state of confusion. The mother's past indicated a very unhappy and rejected childhood, many affairs with men, and a need to drink to forget the past and give her a prop for living. Mrs. M. maintained an active interest in C. and seemed genuinely fond of her. The father appeared on the scene occasionally at which time there was some talk of divorce, separation, or bigamous marriage. He had never stayed with the family for a considerable period of time.

Case No. 5 - G.D. - White - Age 16

Because his mother threatened to kill him if he were not removed from the home, G. was placed in the institution at the suggestion of the Society for the Prevention of Cruelty to Children. Miss D.—mother—who was known to the B. Mental Hygiene Clinic, was considered to be severely disturbed; she handled G. in a rigid and unrealistic manner and projected everything onto him in almost all areas in terms of his behavior problems. She was unable to accept at all her own role in his life, although she was considered to be a highly capable
and efficient supervisor on a job she had held for over 12 years. Miss D. was the product of a broken home and was placed in an institution at an early age when she and her sister were found wandering in the streets.

G. was born out-of-wedlock when Miss D. was 22 years old. She found it almost impossible to discuss any of the circumstances surrounding his birth. When the child was 6 months old, he was placed in a foster home voluntarily. The mother interfered in the routine of the foster home and was so threatened by her competition with the foster parents that the conflicts in G.'s mind became increasingly heightened. He subsequently lived in two other foster homes until he went to live with his mother three years before his admission to the institution.

Since G. went to live with his mother, the difficulties that brought the case to court had been in effect. G. had entered the very rigid, circumscribed life the mother had built for herself. She was unable to tolerate G.'s not being, what she considered, perfect in every respect. She was compulsively clean and G. could not live up to her expectations. The result was that she would often beat him and terrible scenes would occur.

**Summation.**—The excessive alcoholism of Mr. M. (Case No. 1), his frequent rages, and his intolerable cruel treatment of his family describe a man who has not come to grips with himself in executing his parental role by contributing toward relatively normal family living. Mr. and Mrs. G. (Case No. 2), through their criminal neglect of their children, were apparently not concerned with the reality—their having children whom society expects to receive at least a minimum amount of socialization in their own home. Mr. G., the alcoholic father, and Mrs. G., the promiscuous mother, insured long term emotional deprivation for their children.

C. S. (Case No. 3) was the victim of chronic physical abuse—apparently a regular disciplinary tool used by parents who seemed to be overwhelmed with their own mental anxieties. The promiscuous mother is seen again in the case of C. M. (No. 4), where Mrs. M. is not able to
provide an adequate home for her child because of preoccupations elsewhere. It appeared that G. (Case No. 5) was thought of more as a "mechanical gadget" than as a human being. The child's mother seemed detached from him emotionally, since he was expected to conform to rigid standards without giving thought to his feelings. Although Miss D. had difficulty relating to her son, she seemed to have functioned adequately on a job which she had held for a period of years.

The turmoil in these families was so "great in quantity" and so "destructive in location" that any thought of help to the parent would have had to be preceded by removal of the child from the home. The ego—that hypothetical construct whose

\[ \cdots \text{functions are to deal rationally with the requirements of reality, to adapt behavior to the environment and other reality situations \cdots to adjust behavior so as to effect a suitable compromise between instinctual demands and the world of reality} \]

is readily detected in these parents as being defective.

Parents Who Feed on their Child for Mental Survival

The next group of parents in the hierarchy of disturbance involves those parents who require emotional food through their child. The child's personality has not had an opportunity to emerge and relate to reality because the mother and child live in such close mental union following the latter's birth. There is usually a symbiotic parent-child relationship. Placement is often prompted by society directly or indirectly . . . .

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Another type of mother in this same category, usually demanding, somewhat possessive, and of depressive character, is primitively infantile and dependent. It is likely that a schizophrenic process may be going on. The mother has need for emotional warmth which she craves because of her own early deprivations. On occasion, she neglects the child when she becomes disturbed because of her responsibility for him. The father is usually ineffectual.

Placement of the child is sometimes warranted because of his bizarre and destructive behavior; on the other hand, another child might withdraw from the "terrifying" world. Sometimes there is difficulty in effecting separation because of the parent's refusal to place the child and many times, the parent's refusal to allow the child to remain in placement. The "primitive hunger" the parent has for the child often makes her unhappy without him. The former usually seeks emotional nourishment from an outside source when the child is taken away.

Case No. 6 - W. L. - Negro - Age 15

W. and a brother were remanded to a Day and Night shelter by the M. Children's Court for temporary shelter, while they were awaiting more permanent placement. The boys and 6 other siblings were brought to the attention of the court on a neglect petition because of mother's inadequacies.

W. was the third of 8 siblings born to four different fathers. Mrs. L. was markedly disturbed woman who had been known to numerous social agencies. She had no understanding of the relationship with her children or their difficulties and seemed unable to keep any consistent program with them. She related like a sibling to them, demanded that they give her money and take care of her. On occasion, she requested that she be permitted to live at the shelter to receive care. She showed little attention to W., often comparing him with an older brother who was considered to be her favorite child.

Mr. L. died of a cardiac condition before W. was born. After his death, the mother consorted with several different men who abused W. and his siblings.
S. C. was referred for institutional placement when he was 7 years old by a Children's Service Agency because it became evident that he was unable to make an adequate adjustment in a foster home. S.'s own mother revealed that she had a highly unsatisfactory childhood and at the age of 17 years began living with her first "husband" who was 32 years older than she. Their relationship continued 2 years after S.'s birth. A year and a half later she married her second husband who was 20 years older than she.

Approximately a year after the latter marriage, mother began to have disturbing dreams, reliving some of her childhood experiences and accusing her husband of treating S. as she had been treated as a child. Her husband felt that she was becoming increasingly jealous of his attention to the child, since she would take him to bed with her at night, lock the door and, her husband believed, play with the child sexually. She was extremely fond of S. in an immature fashion. When the mother's disturbed behavior increased and her preoccupation with her child became very obvious, her husband carried her to B. Mental Hygiene Clinic. She was diagnosed as schizophrenic and was later committed to a mental hospital.

S. was placed in his first foster home when he was 5 years old. The foster parents—a young couple who had no children of their own—were very fond of S. at first. After 4 months of placement it became evident that S. would have to be transferred to another foster home because of the foster father's intense rejection of him. The child was masturbating, urinating on the floor, lying, disobeying, showing considerable interest in foster mother's breasts, and was cruel to the family's pets.

In the second foster home, the foster mother found S. to be a lovable, intelligent little boy but a strange one because of the ideas he expressed and because of his behavior. He threatened to kill God, explained sexual intercourse to his foster mother, and asked to see her genitalia. He talked about his experiences with his own mother in the sexual area and showed aggressiveness in his behavior toward other children. The neighbors didn't want him around and after two years, he was seen by a psychiatrist who recommended placement in an institution.

Although putative father had apparently not seen S. since the child was two, he appeared following mother's hospitalization, claiming that he and his "second" wife would care for the child. This was not considered a good plan. S.'s stepfather was considered to be a badly frustrated, neurotic man; he seemed to derive great satisfactions from controlling and dominating individuals.
A petition of neglect against Mrs. V. prompted the Court's commitment of T. to the Department of Welfare. When the nature of the petition was discussed, mother said that T. had been sick in the home for some time and that she failed to get competent medical care for the child because she had no money. She was extremely fond of the child and her attitude had been one of protecting and sheltering her from the world "that had mistreated her." T. was extremely dependent on her mother; she rarely smiled and wore a sad expression on her face most of the time.

Mrs. V. was a middle-aged, heavy set, pleasant faced woman who seemed disturbed to the point of incoherence in her statements. She had been hospitalized for psychiatric observation, but Mrs. V. felt that this was no concern of the probation officer. She did not share information freely and was a hostile person when her daughter was taken away from her.

There is no record of Mrs. V.'s marriage to a Mr. V. Child knew nothing of her father; mother could give no information regarding his background.

C.---one of 5 children born out-of-wedlock---was referred by the Department of Welfare. The mother was an extremely disturbed and probably psychotic person who would not let the children alone in placement although she was not able to maintain a proper home for them. A cottage type institution was recommended as protection against her.

Mrs. G. assumed the name of Mr. G. who was not really her husband. Her relationship with him was a sadistic one. C. and his next brother witnessed many scenes of physical violence between the parents; C. would sometimes stay home from school or go late because he wanted to help his mother, but he was so scared he would just sit by. There were many occasions when the children were left in the home unsupervised.

Mrs. G.'s actions appeared to be basically aimed at hurting her mother in retaliation for her own unhappy experiences as a child, and she seemed to have made use of Mr. G. and the children for this purpose. She was described as having no real maternal feeling for her children and did not think in terms of what was best for them, but rather tried to use them for her own ends. Mother is an overly dependent person who is very diffused in her thinking and planning. She was not able to establish healthy, satisfying relationships within her family or with others. Her diagnosis at a Psychiatric hospital had been "Reactive Depression with the possibility of a Schizophrenic process going on."
Summation—The preceding cases seemed to include enough characteristics of parents in the second category to be cited here, although it may be said that "pure" examples were not found in the sample. The first type of mother in this category is usually cold and aloof ... Mrs. L. (Case No. 6) only participated to a limited degree in W.'s life. Her infantile demands on her children were evident of her use of them for her own gratifications.

The second type of mother (Cases No. 7, 8, and 9) generally possesses more warmth than the first type ... The early deprivations of S. C.'s (Case No. 7) mother evidently stimulated a chain of reactions which caused Mrs. T. to seek emotional compensations in her marriages to older men. These compensations were not enough, since Mrs. T. eventually openly sought satisfactions from S. in her overpowering mother-feelings for the child. Although some of the child's needs might have been met secondarily, Mrs. T. utilized her feelings towards him for her own needs.

Mrs. V.—mother of T. V. (Case No. 8)—is an example of the primitively possessive, illogical mother who also seeks satisfactions through her child. She provided some care for T., but it was apparently sporadic and superficial. ... Mrs. G. (Case No. 9) is another example of the parent whose use of her child was stimulated by certain childhood experiences. Thus, she also used C. and his siblings for her own ends and was known to manifest schizophrenic tendencies. ... The fathers in these cases, for one reason or another, have not had the opportunity to have any impressive influence on the lives of the children. This is interesting to note since the fathers in these families usually are too detached themselves or are too irresponsible to come to the rescue of the child.
Narcissistic Parents

The group of parents appear better able to care for their children than they really are. These are immature parents who are not really ready to give up their children, but are willing to have them reared by foster families. They have learned to give to themselves before giving to anyone else because of their early deprivations. The parents' emotional economy many times cannot meet the demands and needs of the growing child. They readily forget their guilt over placing their children, when the latter are not seen, but attempt to erase this guilt by making rash promises and buying lavish gifts. Many times the child is not loved for himself, but for the fulfillment of some need of his parent. The adults usually have a great deal of pride and possess much sensitivity. Placement of the child is many times requested by the parents and it is highly recommended that such action be taken.

Case No. 10 - G.S. - Negro - Age 16

G. S. and his four siblings had been removed from their mother's home on a neglect petition filed by the Society for the Prevention of Cruelty to Children. Mrs. S. was accused of physical and moral neglect. The family lived in a filthy apartment; the children were poorly clad, undernourished, and attended school irregularly; Mrs. S. was seldom at home.

The mother is unmarried, but she assumed the name of the children's father. She appeared inconsistent in her interest; at times, she was eager to fight for custody of her children while during other times, she would not keep appointments for discussion of this. She was difficult to work with and was not able to accept visiting regulations of the agency when her children were placed in foster care. She would arrange to visit and not show up, then visit at odd and inconvenient hours. G. had been in a foster home for approximately six years and was seemingly making a good adjustment there when he ran away. He was brought to the institution where he remained for the last two years, since extreme acting out behavior was seen in the form of stealing which had resulted in Juvenile Court action.
Case No. 11 - L.G. - White - Age 14

L.--the oldest of three children--was referred by the Department of Welfare along with her siblings because of the seriously disturbed family situation. Mr. and Mrs. G.--a relatively young couple--were not able to adjust adequately to the confines of family life. Although they had tried to keep their family together, Mr. and Mrs. G. thought it best to place their children for a period of time.

Mrs. G. had a difficult childhood. She ran away from home when she was sixteen and became involved in the white slave, marijuana and vice rackets. She was married previously; the child of that union resided with its maternal grandparents. She married Mr. G. on the west coast when he was in the Marine Corps.

Mr. G. was the only child of a social worker (mother) and an architect father. He felt constantly threatened by his own mother who wanted to "help" the family work out their problems. He was educated in private schools and because of his emotional instability was finally dismissed. He was very closely supervised by his mother who was finally divorced by her husband and is still dominated by her. Mr. G. was recommended for psychiatric treatment by the child-placing agency.

Case No. 12 - R.K. - White - Age 12

R.'s mother--Mrs. K.--requested private placement for her son, since he was said to be uncontrollable, impulsive, destructive and was said to have school trouble and difficulty in learning. Mrs. K. became pregnant with R. at approximately the time of her marriage. Following the child's birth, Mrs. K. did not want to see him and the family, requesting adoption for R., was referred to an agency. R. was placed in a foster home pending adoption when the mother went to California to stay for a year. Upon her return, she requested the child's discharge and took him home to the maternal grandparents with her. The grandfather resented this highly and was subsequently divorced by the grandmother.

Mrs. K. was described as an extremely immature, dependent person who was strongly controlled by her mother, a rigid, demanding person. Mrs. K. was not and never had been a real mother to her son. Her personality was so underdeveloped that she had an inability to give love or any kind of mature guidance to R., although she felt that she gave these things. She is said to have divorced her husband when R. was 8 years old. She dated several men since that time.
Mr. K. described himself as having had a very deprived background, having been in difficulty with the law as a child and having felt neglected by his family. He married Mrs. K. after his discharge from the service and was sent to prison during her pregnancy for raping a dance hall girl. Upon his release, he paid very little attention to R. at first, but began to be more interested in him as time passed. His attitude toward the child was described as being rather ambivalent and inconsistent and his relations with Mrs. K. were decidedly strained.

Case No. 13 - D.S. - White - Age 8

D. was referred for private placement when he was 5 years old by the family's psychiatrist with the father's consent. D. was in private and unsupervised foster home before placement in the institution. The referring psychiatrist felt that the home was a poor one, since the foster mother was apparently neurotic. She complained of D.'s hyperactivity, disobedience and extreme restlessness.

The child's own mother—at one time a medical social worker—had been happily married to Mr. S.—a successful advertising executive—for 6 years before she became pregnant with their first child. He was stillborn; Mrs. S. was upset, extremely depressed, and had a long period of convalescence. She continued to want a child and after 3 years, D. was born. D.'s birth was normal. Mrs. S. was pleased, but quite upset following her return from the hospital. She was afraid of D. Mr. S. never remembered seeing her hold the child or be spontaneously affectionate. D. was a difficult baby to care for (in spite of help by a nurse and the grandmother) as he cried a great deal and had colic frequently. Mrs. S. finally became so upset she had to be hospitalized.

Mr. S. explained that D. has had a miserable break since he was born. All his life he had been shunted from one place to another. The brief moments when he was home were fraught with tension and he had no stable, consistent care. Mr. S. felt extremely guilty that D. had not had a decent home life. He was fearful that the child would grow up disturbed. He really did not know the child, since the foster mother only encouraged visits when something was wrong... Although some doctors indicated that Mr. S. possibly needed psychiatric help because of his marital problems, he refused to even discuss this.

Summation.—Although there is some adequacy found in the Narcissistic Parents that is not found in parents in other groups, this adequacy is used to facilitate the parent's own needs first. These parents may
be included with those who received little satisfactions during their childhoods. Mrs. S. (Case No. 10) did not spend much time with her children when they lived with her. Even after placement, she was not consistent in her requests to see G. and his siblings. Evidently, she was satisfied that they had been placed, since there was good reason for her to believe that they received adequate care. Mr. and Mrs. G. (Case No. 11) were victims of difficult childhoods. Although the couple had tried to rear L. and her siblings in spite of the family's problems, they were apparently too immature and predominantly self-centered to facilitate this.

Mrs. K. (Case No. 12), who had never really been a mother to her son, evidently thought that she had exhausted her maternal resources when she referred the child for placement in an institution. Such a placement would certainly offer relief for her as she was really too attached to her own mother to maturely consider her role in caring for her child herself. Mr. and Mrs. S. (Case No. 13) initially seemed to possess the attributes of adequate parents. However, their emotional economy (Mrs. S.'s more so than Mr. S.'s) was not able to meet the demands of their growing child. Mr. and Mrs. S. certainly had to think about themselves first as they decided that D. should be placed. Then too, it may be added that

... the request for placement is merely the threshold to a family situation. Many times it signifies the culmination of unbearable conditions, a near breaking point of conflicting forces within the parent and his attempt at a solution to his predicament. Sometimes it denotes an inability to fulfill and a running away from the pressing responsibilities of parenthood. In the majority of cases it involves a large
degree of repudiation of the child, whether this is openly
expressed or disguised beneath a mixture of guilt, of
martyrdom, and/or of indulgence.1

Parents Whose Neurotic Equilibrium Has Broken Down

The last group of parents include those who experienced a type of
neurotic equilibrium with their children wherein a conducive atmosphere
for the child's personality growth was maintained at one time. Emotional
exhaustion, unexpected tragedies or crises in reality situations usually
promote the breakdown. Oftentimes, the underlying conflicts, previously
cared for, become conscious and is associated with the present trauma;
thus the parents cannot cope with the situation because of the former's
slim reserve of strength resources.

Case No. 14 - P.H. - White - Age 16

P. and his sister were referred to the institution for
emergency placement by the M. Children's Court. The family
had been in the city a little over a year, following a fire
in which their home was destroyed and two children were burned
to death down south. From the time of the fire, apparently
the parents deteriorated rapidly. Both began to drink heavily
and the children had a two week placement (in the south) while
the parents served a jail sentence for disorderly conduct.

The family had been known to the court almost since their
arrival in the city because of the parents' alcoholism . . .
The mother, the judge thought, would eventually be committed
to a state hospital; the father was already committed. The
older sister begged for placement for herself and P.

Case No. 15 - J. Mo. - White - Age 14

J. was privately placed by his mother who applied to a
Family and Guidance agency two weeks after her husband's
death for assistance with J. He had become a problem at school;
he was disinterested, was doing poor work while he refused to
go. . . His mother—Mrs. G.—never really wanted a child, but

1Susanne Schulze, Creative Group Living in a Children's Institution
J.'s father loved children. Mrs. G. was married and widowed three times. When Mr. Me. died, mother persuaded grandmother to give up her job and stay at home with the child while she worked. This the grandmother disliked and continued to resent it in front of the child. Mrs. G., though appearing on the surface to be a mild, passive person, was very hostile towards J. and was unable to relate to him in any positive way. Mrs. G.'s hostility took verbally the form of descriptive episodes of learning that she had backed the car over J., feeling the car wheels going over his body and of really looking under the car to make sure he was not there.

J.'s father was devoted to J., sometimes to the exclusion of his wife. He died suddenly in the night when J. was 1½ years old. When the child was 7 years old, Mrs. G. married Mr. G. who was an older man, unaccustomed to children. He was fond of J., but found it hard to tolerate an active youngster. Mr. G. became ill and was hospitalized. When he returned home, J. was warned not to go into his stepfather's room or disturb him, since he might kill him if he were noisy.

Mr. G. died during the night; when J. was told of his stepfather's death, he was extremely disturbed and insisted that he was just being told his father was dead because he had been naughty. When finally convinced that his stepfather was dead, the boy repeatedly asked, "Did my Daddy love me when he died?"

Summation.--The last two cases were characteristic of parents who, because of unfortunate circumstances, were no longer able to care for their children. P. and his sister (Case No. 14) were apparently adjusting satisfactorily at home before the fire. It was after this tragedy that their parents, who apparently did not have enough strengths reserved to meet this kind of crisis, broke down and were unable to give adequate care to their children. J. (Case No. 15) had apparently adjusted well enough to remain at home before his stepfather's death, however, his mother and grandmother were not able to tolerate his reactions following the death of the former's husband.
CHAPTER V

A DESCRIPTION OF THE STUDIED RESPONSES TO CASEWORK SERVICES

The thesis has already been aptly established that a child's placement in an institution may be a creative experience through which the child, as a member of a meaningful group, is enabled to work out the problems and conflicts which are blocking his normal development.¹

When a child is accepted into an institution it is assumed, and rightfully so, that some of the youngster's earlier experiences have merited the move. Consequently, it is expected that the agency provide a program wherein its children can become

• • • more socially adequate and emotionally free, personally so reassured of their inherent worth and strengths that they shall, as soon as they are ready, resume their responsible places in the world of their peers outside the institution.²

The institution's casework services are of paramount importance in this plan as these services are designed to help the child overcome many of his problems. With the realization that a child's response to casework services may be highly colored by his previous relationships with his parents, it should be kept in mind that "the intake worker cannot arrive at an evaluation of the parent-child relationship unless she understands the feelings, attitudes, and behavior patterns which the child developed out of the family breakdown."³ The child's reactions to his caseworker, peers, and environment as a whole provide excellent media through which some insight into his responses is gained.

¹Schulze, ibid., p. 158.
²Ibid.
³Ibid., p. 144.
Responses of Children Whose Parents Were Classified as Ego-Defective

Case No. 1 - G.M.

First Year:

When G. was first placed at the institution, he fitted into one of the smaller cottages easily and happily. He was described as a nice youngster who went along, for the most part, quite smoothly. He was inclined to be headstrong and did not always mind very well, but the cottage parents considered him a pretty normal youngster. Although G. said he was in 3rd grade, it seemed wiser to place him in 2nd grade because he could not read and had a language handicap. He complained that he didn’t learn fast enough, but said he liked school and his teachers.

Although G. made a good impression when he first arrived at the institution, his adjustment did not continue to be satisfactory. The cottage mother reported that G. was a bully, he teased the smaller children, took their toys away and tried to make the boys change seats at the meal table if he happened to want the place where they were sitting.

During the summer, G. went to camp where he apparently had a good time. He continued his problem behavior there, however, and needed to be watched all of the time or he would get into arguments with the other children. He always wanted the activities to center around what he wanted to do and would sulk for a while if his wishes were not granted. If he thought he could get by with pushing another boy around, he would not hesitate to do so.

Second Year:

The cottage mother reported that she was quite pleased with the progress G. seemed to have made. She said that he was ‘very good and tried so hard.’ Although he had a hot temper and usually punched the boys very hard, he was all right if she could hold him until his anger drained off. He showed a great deal of concern for the smaller boys and didn’t attempt to hurt them.

He continued to make a good deal of progress in school and derived a great deal of satisfaction from the personal comments and praise of his teacher. He tried hard and was thrilled at success. During his second year at camp, G. got along very well with the other children and showed respect for adults. He showed excellent sportsmanship in all of the games and showed a high interest in physical training.
It appeared that G. was not overly disturbed about his placement in the institution. He had no temper tantrums, no periods of noticeable sulking, and he did not consistently question the worker about his return home. Nevertheless, G.'s reaction to his new environment was apparently reflected in his defenses as he sought adjustment in an institutional setting. His aggressive behavior as seen in his bullying could very well have been a response to the frustrations of change. It is noticeable that he settled down considerably during the second year—an indication of his acceptance of or better understanding of his environment and possibly his reasons for being there, since his parents had no physical contacts with him during this time.

G. did not need very intensive casework treatment and it is imperative to mention here that

... treatment of a child in an institutional setting includes a series of daily experiences within which the caseworker may sometimes operate actively, directly or indirectly, but also whereas she maintains a long time over-all awareness of what the placement experience is doing for the child of her concern.1

Case No. 2 - D.G.

First Year:

D. came to the institution with a history of withdrawal and unnatural conforming. Referral was made for institutional placement partly because her siblings had been previously admitted and also in hopes that a group setting would help to bring her out of her shell.

D. made a remarkably quick adjustment to cottage life. She appeared to thrive in the less personal, less demanding society of the cottage. She made friends easily and related equally well to both sexes. She did, however, develop an

1Ibid., p. 163.
overly strong attachment for her male social worker and tried many times to use him to effect her own ends... Despite missing school during most of the winter months, D. did very well in school. She enjoyed it and showed ability to do above average work. D. maintained superficial conformity with adults, but repeatedly spoke negatively about superiors "behind their backs."

Second Year:

D. continued to go along smoothly in her cottage group; she was well liked and was able to get along with others. She had several friends in her own age group and was apparently comfortable with girls in this group. She was considered to be a bright child who obtained a great deal of satisfaction from her school work which was extremely good. Her teachers considered her to be a cooperative and eager student whose behavior at school was always good.

With adults, she tended to be quite reserved at first, until the initial shyness wore off. She had a flair for dramatics, had drawing ability and could otherwise express herself creatively. She only required encouragement in caring for her appearance and belongings.

It has been previously mentioned that one medium through which individuals attempt to solve their problems is withdrawal. Conformity, like withdrawal, may be used as a means to escape the distracting uncertainties of reality situations. It was a fact that D. experienced much trauma during her stay with her own parents, although she never made it a point to verbally blast out against her, what many people would call, childhood injustices. Although she got along well with her peers and adults somewhat superficially, her desire and ability to form real relationships seemed to be definite avenues for exploration.

Case No. 3 - C.S.

First Year:

C.'s moving went along smoothly at the institution, probably because of his previous visits there. A psychometric examination was arranged for diagnostic purposes. C. achieved an I.Q. of 77. He was described as a child with very little self esteem, being
severely retarded in the basic school subjects and insecure and withdrawn in his social relationships. Although a child of borderline intelligence, he made marked progress at school where he was in a special class. In his public school class, he was fortunate in being placed with a very sympathetic and understanding teacher who was aware of his limitations and was able to instill in him a feeling of security in his accomplishments.

C. was closely attached to his cottage parents and often referred to them as being his real parents. When he did visit his own parents, it took him some 3 to 5 days to settle back to the cottage routine.

Second Year:

Slowly but surely, C. became more stable, more accepting of limits that were set, and more able to handle himself in different situations and with many different people. In the cottage, he developed the reputation for being a scrapper. He was not afraid to defend himself with his fists and was known among the other boys as an aggressive fighter. His caseworker noted an increase in C.'s general self-confidence and his ability to accept frustration. Further, he did have his 'off-days' and there were times when he could be extremely stubborn and hard to reason with.

C.'s school teacher reported that he was sometimes late to school because of loitering and playing on the way, but that he responded to pressure and became more punctual. His overall attitude in school was sincere and gave everyone the impression that he was doing a satisfactory job in view of his capabilities in really applying himself.

An important area that needed more of the caseworker's attention was C.'s relationship with his parents. The mother had complained several times that the boy seemed to be deliberately snubbing them and showing indifference.

C. not only had the task of establishing himself in the institution, but also needed to develop self-reliance. Many modes of behavior may have resulted from his confusion about himself and his environment, but his particular way of acting out was sufficient to give an idea of a child who was struggling with his limitations. It is a relief to know that, in many instances, public resources may be utilized most advantageously in helping children come to grips with themselves. His
understanding teacher probably contributed greatly to the caseworker's efforts to win the child's confidence, since a number of responses—at home, play, or at school—are incorporated into the child's awareness of his own behavior and feeling which become part of the way in which he regards himself.\(^1\) Although some progress in C.'s acceptance of himself was seen, the child was still considerably hostile toward his parents.

Case No. 4 - C.M.

First Year:

On the whole, C. adjusted to cottage life without any difficulty. The cottage mother revealed that she got along well in her group, and kept herself and her things neat. In school, her teacher reported that she did her work fairly well, although she did not work quite up to capacity. C. obviously spent an enjoyable summer at camp although she was not willing to admit this until the camping period was over. Throughout the summer, she definitely developed leadership qualities. She was an active child; usually she would participate actively in some new venture but only after she had been encouraged to do so.

Second Year:

C. continued to make an excellent adjustment in her cottage. Her own family situation remained the same, but C. made a beginning towards accepting the inadequacy of her mother and the sporadic contacts with her father. C. was a friendly, easy-going child who was able to get along well with other children and was well liked by them. She got along very well with her cottage parents who adored her and did not find her to be a problem.

C. was considered to be a cooperating conforming child at school and was able to go along nicely without difficulty. Her classmates liked her and she made many friends among them. \(\ldots\) After visits home, C. seemed upset and sometimes cried out during the night. Consequently, her visits home were limited and her reactions in that area became less negative.

C. was a youngster who seemed to have utilized her institutional experiences well. Her most noticeable moments of anxiety occurred only after her visits home—very likely an indication of the ambivalence the child felt regarding her own home and the institution. The child's acceptance of her situation revealed a real start towards her handling of her conflicts with the assistance of the caseworker.

Responses of Children Whose Parents Fed on Them for Mental Survival

Case No. 5 - G.D.

First Year:

Because of the summer season, G. was admitted to camp soon after his arrival at the institution; he had a meaningful and happy camp experience. The relationship between the child and his mother showed positive signs of improvement as they moved toward a healthier acceptance of each other. G., who initially expressed a reluctance toward visits with his mother, soon began making requests to visit home for entire week-ends. Miss D. travelled over a hundred miles to see him at camp and G. was pleased. He expressed interest in going home to stay.

Shortly afterwards, G. decided that he did not want to go home, not even to visit. He felt that his mother had reverted back to her old pattern of "nagging him and not allowing him to be himself." He thereby felt rejected by her and in turn refused to telephone, write, or visit his mother and resisted any encouragement to do so. Resulting from this feeling of rejection, he began acting out in a subtle aggressive manner with underlying hostility. His school work fell below par and he was involved in a couple of incidents. Both times his difficulties involved girls.

Despite his very strong resistance, he was involved in a Co-Ed therapy group and later began to relate positively to the experience by carrying his personal problems into the group. He made a good adjustment in the senior boys' cottage in terms of conformance to routines and regulations governing the group.
Second Year:

G. was seen in regular weekly sessions by the worker, during which time he continued to show increasing anxiety regarding the plan for him to return home to live with his mother at the end of the school year. After returning from his Christmas visit, he gradually began to express doubt as to whether the plan would work. G. secured an after school job and used this as an excuse to discontinue home visits. This infuriated his mother to the point that she said he could not come home to live.

G. obtained a summer job at camp and made a satisfactory adjustment. When he returned to the institution, he entered a cottage (where there was little less supervision) for older boys and was informed of a change in living situations easily enough, but was averse to a change in workers. He told his new worker that he was fed up with the institution. He didn't like people watching over him so closely and wanted to be on his own. In the cottage, he became lackadaisical in terms of getting things done. During the latter part of the year, he began to press for action to leave the institution to join the Air Force. His mother refused permission; because of his attitude and because his work was not up to par, it was decided that it was best for G. to leave school.

The extent to which G.'s relationship with his mother influenced his reactions to the restrictions of institutional living cannot be disclosed here. In spite of this very real limitation, the parallel between the boy's reaction to his rigid mother and to the restrictions of the institutional setting can readily be seen. Although the caseworker could have limited the child's home visits if such visiting seemed to present too many problems for adequate adjustment, there was no need for this after G. took the initiative. He was given many opportunities to ventilate his feelings--feelings that were perhaps already pent up as a result of his parental relationship--in efforts to determine leads for the most appropriate handling of his problems.
Responses of Children Whose Parents Fed On Them for Mental Survival

Case No. 6 - W.L.

First Year:

W. was placed in a cottage for 22 boys of intermediate age upon admission to the institution. The first 3 weeks after his arrival were very difficult ones for him. He clung to his social worker, and was agonizingly homesick for the shelter. He did not relate well to the staff, but formed a good relationship with his homeroom teacher.

In school he had been so conscientious that he was able to do acceptable work despite his poor capacity. His conduct, both in school and cottage, tended to be "silly" if not firmly handled. He had been included in a play therapy group, but had great resistance to it. His mother was quite unpredictable in her visiting, and on occasion this was disturbing to W. At the end of his first year at the institution, the worker observed that W. had consolidated his gains, accepted new living conditions, and was ready to make further progress.

Second Year:

W. was transferred to the senior boys' cottage. This was looked upon by W. as a graduation and the worker capitalized on his thinking in an effort to help him gain more self-control. As a result, it seemed that his behavior in the cottage and in school became more predictable.

He seemed less and less inclined toward temperamental and emotional outbursts. He made more conscious efforts to control himself and to express his feelings verbally in an appropriate manner. W. was very interested in school and managed to get promoted every year. He got along well with his peers and worked part-time after school. He was permitted to visit home bi-weekly, but he did not always use permission for this.

Granted that W.'s initial settling down in the institution reflected his anguishing moments, W. was able to make a good adjustment. Recognition and vigilance by the social worker probably contributed many sparks to W.'s eventual ignited reactions to his environment.
Case No. 7 - S.C.

First Year:

S. was placed in a small cottage and, for the most part, got along quite well. He did not have difficulty relating to other children, but played much more by himself than with the boys. S., although large for his age, was not able to defend himself very well with the older boys. He was quite babyish and often came into the cottage crying in want of protection. In the cottage, he conformed easily to the routine. His teacher in school explained that he had shown improvement in his schoolwork although he was not working up to capacity.

It was felt that S. had need of intensive therapy because of his marked confusion regarding the relationships in his family. The psychiatrist revealed that the child's pattern of aggression was a means of dealing with his anxiety. He showed that there was conflict in regard to the mother role, although he verbalized very little spontaneously in therapy.

S. got along fairly well with adults, liked their attention, and sought them out. The child had several habits which alienated him from the other boys and which were disturbing to the cottage parents. He would frequently stop on the way to and from school to urinate in the bushes; he has said that he knew a good many vulgar sex terms, and he masturbated often.

Second Year:

In the cottage, S. showed more aggressive behavior. He was constantly picking fights with the boys and bullying them. He was moved to a cottage for older boys and got along fairly well there... Because of his increased difficulties in school, he was seen again by a psychiatrist who revealed that S. had a need to test everyone out by means of his provocative behavior and recommended that the child be removed from school for a while. At the end of his school term, he settled down a bit and fewer complaints were made against him. He went to camp and seemed to have had a good camping experience.

When S. returned to school in the fall, his difficulties there began all over again. In class, he was quite disturbing in that he knocked things about, sang out loud whenever he cared to and would not settle down to do his work. The worker felt that S. needed every opportunity to experience satisfying relationships. He was a confused and anxious child who had a tendency toward impulsive and aggressive behavior. It seemed that his behavior was the reaction to the insecurity he had known. There was an improvement in his ability to get along with other children. He seemed to have had less need to antagonize and act in an aggressive manner toward them.
S.'s aggression has been vividly pointed out. It is apparent that the child was a disturbed youngster, highly influenced by unsatisfying previous experiences. This child was in need of more intensive casework services than many of the children studied as his responses to various incidents clearly indicated. His utilization of such bizarre behavior pointed out his method used in attempting to resolve his conflicts--attack!

Case No. 8 - T.V.

T. was quite withdrawn during the first two months at the institution as she had been resistive to placement anywhere. It was a long time before she was able to establish a relationship with the worker and that came about by the worker's sharing the child's interest in cats and giving her permission to make several home visits. T. gradually became able to relate to other children and adults. She was always apt to withdraw when faced with a new situation and did not make new friends easily. She made good grades (school).

During the summer, T. attended camp, against her mother's wishes; this resulted in negativism from T. When she returned to the cottage after camp, she seemed to be a changed child—one who laughed, talked and sang. This reaction was changed after her mother's weekly visit as T. began being very resistive and uncooperative with her cottage parents. The mother's visits were difficult to control. She refused to abide by regulations and usually came after visiting hours and created disturbances in the cottage.

Second Year:

T. made progress in terms of her adjustment at the institution and in her relationships with others. Although there was still a tendency to withdraw at times, T. became more a part of the group and participated more in the various activities... For the most part, her school grades were satisfactory; her teachers continued to feel that she could do much better if she tried. Her mother showed more cooperation regarding visiting, although she pressed for more privileges. She wrote many letters to T. with threats of getting her home permanently. T. received psycho-therapy and although she was initially quite resistant, she kept her appointments regularly and seemed to be making some progress. She received letters from her mother including threats "to get even" with the institution and advised T. not to cooperate.
The social worker found T. to be a difficult child to reach. The child remained overly withdrawn (highly influenced, it seemed, by the mother's constant interventions), but the worker began to win some of her confidence since in many instances "the disturbed child must be reached through his interest rather than through his problems in order to become accessible to casework treatment."\(^1\)

**Case No. 9 - C.G.**

**First Year:**

C. was admitted to the institution and went directly to camp. He seemed overly timid and helpless. The camp report indicated that C. had seemed frightened and immature and was frequently a scapegoat. He had tantrums when frustrated and he seemed fearful of adults. He made friends among his peers but had frequent sharp arguments with them. Sometimes he was reluctant to participate in the program and he was a constant bedwetter. . . At the institution, C. was friendly with most of the boys but exhibited the same unstable behavior that he showed at camp, frequently having sudden temper tantrums at very slight frustration. The cottage parents found this hard to take along with his frequent bedwetting. The boy constantly asked for his own mother.

C. began to have trouble in school. He complained immediately that the school was too hard for him and that he didn't like it. He was placed in an advanced 7th grade class and was permitted to work at his own speed. The change was precipitated by the fact that C. had gone to the school principal in the hall and informed him in loud and certain terms that he did not like either the principal or the school and he wanted to 'get out of there.' There was no repetition of this.

C. established the habit of going regularly to his social worker and kept his appointments without being reminded. He was very resentful when appointments had to be cancelled for any reason. He spoke fairly freely about his feelings toward cottage parents, other boys in the cottage, and toward people at school. He discussed everything that went on in the cottage without reticence.

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\(^1\)Schulze, *ibid.*, p. 8.
Second Year:

During this period, C.'s behavior was in general more stable than previously. He seemed less excitable, flew off the handle less easily, and tolerated more frustration although he still was abnormally sensitive. Once, he had a fist fight with a girl; late in the year he and five other boys ran away after supper because they were angry with the assistant cottage parent. They returned on their own, however . . . Although he had more permissive teachers in school than he had the preceding year, he was able to function satisfactorily. He was not doing good work academically, but he was performing to capacity.

In general, C. was capable of pleasant, superficial relationships with staff, teacher, and peers. He did not seem to need the social work support he previously seemed to need. Whereas he was formerly resentful of cancellations or interruptions of his time, he frequently canceled appointments himself for other activities. He was no longer reluctant to leave at the end of the period but was still friendly, gossipy, and free to express his worries or irritations. He very seldom talked about his family except to ask when his mother was to visit.

During the first year, C.'s anxieties were highlighted by his constant bedwetting and his frequent temper tantrums. He definitely showed indications of progress during his second year at the institution. The many basic emotions which C. consistently harbored regarding his mother and his associates were still present, but strides in this area—whether negative or positive—would have been further signs of the child's responses to the program of institutional life.

Responses of Children Whose Parents Were Classified as Narcissistic

Case No. 10 - G.S.

First Year:

G. ran away from his foster home after five years of living there. An uncle returned him to the institution where he stayed because of other acting out behavior on G.'s part. Aside from his run-away, he had been recently reprimanded by the Juvenile Court for stealing.
At the institution, G. was inexpressive of important feelings. He conveyed to worker his desire to stay there, but also told his former foster mother that he wanted to be with her. He was seen by a psychiatrist weekly and generally speaking, seemed to accept institutional placement well. He adjusted well in the cottage and was able to pass in spite of his interruptions in school.

During the summer, he did generally well at camp although he indicated some dissatisfaction. When given a special job to do which he could accomplish satisfactorily, he appeared to gain something from the experience.

Second Year:

G. had been moved to a cottage for older boys because he had seemed too mature for the boys in his former cottage. He was domineering over the younger children and was a ringleader of the older boys in getting them into mischief and defiant behavior with the cottage parents. In the cottage he was described as a good boy, a good worker, but somewhat "slick" and manipulative.

G. was well liked by the other boys and by the girls during the school year. He was excellent in sports and in general made a very good adjustment at school. The only incident occurred when he kissed one of his schoolmates and her father objected strongly. Worker described G. as having a pleasant personality and a sparkling smile which helped him in superficial relationships. Inwardly, he was distrustful of adults and authority and was manipulative behind a facade of conformity.

It was apparent that G. formed good superficial relationships with his peers and adults. However, his involvement in two very illustrative indications of disturbing behavior—stealing and running away—brought his situation into sharper focus. During his stay at the institution, G. continued to exhibit subtle ways of restlessness, although he seemingly made satisfactory adjustments in the cottage and in school.

Case No. 11 - L.G.

First Year:

L. was placed at the institution in a small cottage after spending some time in a foster home. The cottage mother indicated that, although there were no major problems with L., she did not get along too well with children of her own age or those
who were a little older if she could not dominate them. L. impressed worker as being an intelligent, self-composed, adequate child. In the cottage she was self-righteous and was a great tattle-tale. It appeared that the cottage parents didn't seem to give her love and security although the child was in close contact with her own parents.

L. did well in school and her teacher had nothing but praise for her. Although it was felt unwise, the child's parents insisted on overnight visits at home, particularly at holiday times; L. became confused and upset about these visits. Finally, after one holiday weekend, the parents decided to take the child home and explained that they were better able to manage their children. The case was closed.

Second Year:

About a year after L. left the institution, a worker from a community agency telephoned regarding the G. family. The agency's psychiatrist believed that placement of the three G. children in a foster home was indicated. The recommendation of this move was carried through, but the foster mother could not keep L. because of her behavior—talking back to adults, interrupting their conversation, pesterling her siblings, and generally disobeying. L. was transferred to the institution to a small cottage which housed boys and girls.

L. was very conscious of boys and seemed to encourage their attention. She had reportedly been intimate with several of them. The psychiatrist recommended intensive individual therapy and L. was moved to an all-girls cottage. Her over-all adjustment was good; she seemed to have gotten enough satisfaction out of her daily life and her relationships with other children to not need to court boys' attentions.

L. liked school and had an excellent report card. She had a crush on her gym teacher whom she spoke of often. That crush probably gave her a lot of satisfaction and her outward neat appearance seemed to have stemmed from her desire to resemble her teacher.

L.'s behavior with her peers apparently improved when the social worker recognized the influence the immediate social environment of the first cottage had on the youngster's reactions. L.'s difficulties in reacting in a more socially acceptable way in her relationships with boys probably stemmed from a multiplicity of things. Nevertheless, it
was the social worker's responsibility to develop focus in her relationship with the child after defining her goals and techniques for treatment.

Possibly, paramount in the reasons for the techniques L. used to respond to individuals was the constant interference of her parents. Further anxiety was possibly incurred when the child had to be replaced in the institution after having gone home for a considerable length of time.

Case No. 12 - R.K.

First Year:

In S. Cottage where R. was placed when he entered the institution, he was a constant source of irritation both to cottage parents and to cottage mates. His hyperactivity, his constant curiosity and interference in other people's business, his incessant questioning and his insensitivity to the moods and feelings of others made him unpopular. In addition, he boasted constantly of his achievements in various areas and it was very quickly discovered that the boasts were idle. . . He was particularly annoying to his cottage parents and his peers. . . R.'s school work was consistently poor and he was in need of a great deal of help with his homework. He was not a behavior problem in school, though. He was an isolate and he daydreamed frequently. . . R. was unable to participate in the sport activities of the recreation program. He had had little interest in this and less ability. He insisted on working with the most expensive materials, then messing them up or not completing the project which he started. . . R. tried to control worker by force.

Although R. showed no emotion at the departure of his mother and grandmother when he first arrived at the institution, he very quickly showed signs of homesickness. He cried almost consistently. Short visits were arranged with his mother and grandmother and his homesickness vanished.

The child participated in group therapy and the therapist felt that he made progress to some extent. He usually saw worker by interrupting other people's appointments, by interrupting telephone conversations, and by insisting that he had to see worker when he did not have an appointment on occasion.
Second Year:

R. continued to seem better integrated and less compulsive. In the cottage, he was pretty well accepted by other boys, fitted into the routine reasonably well and in general did not make himself outstanding either for good or bad behavior. He did his chores, and was not overly obedient or excitable. He obtained remedial assistance in school and in addition, participated actively in school activities. In general, he had trouble doing his home work and did not get along well with his teacher. While most of R.'s day was involved in school, the recreation program was much fuller during this period than during the preceding winter.

R. continued to have weekly appointments with his social worker as he had done the preceding year. He came on time and was not nearly as compulsive in trying to break into other people's time as he had been the preceding year. He insisted on his own time as his and did not want interruptions. He was more willing to leave when the time was up. With new people, R. was always an eager beaver making a first impression of cooperativeness and helpfulness—an impression which he was not always able to maintain over any great length of time.

Despite R.'s hyperactivity and general annoying behavior during his first year at the institution, the child made considerable improvement in his behavior during the second year. His constant efforts to make good impressions on new acquaintances seemed to have found its roots in R.'s relationship with his mother who was essentially autocratic in her treatment of the youngster when he made home visits. He seemed to have taken on some of his mother's characteristics in that he was uninhibited and bold in his relationships with others for a while. Unpopularity and not getting along well with other children usually follow as logical outcomes of this type of behavior.¹

¹Radke, op. cit., p. 77.
Case No. 13 - D.S.

First Year:

D. was admitted to a small cottage and, since it was summer, enrolled in a day camp. He was apparently no particular problem, although he was lively and active. Whenever worker saw him on the grounds, he was full of his activities, affectionate and easygoing with her. He saw the psychiatrist weekly and was more hyperactive than usual. He also lapsed into baby talk with him.

He was enrolled in kindergarten by the caseworker and was eager and excited about his experiences there. Whenever he saw his social worker, he was very demanding of her attention. He did not discuss life in the cottage or at school or any of his interests. He confined himself to the particular moment with the worker.

In the cottage, where D. was the youngest child, he was quite well behaved, but was again demanding of attention. His behavior was occasionally whiny or hyperactive, but apparently he reserved most of his displays of anxiety for his therapy sessions rather than for the cottage.

Second Year:

During the second year at the institution, D.'s parents saw him fairly frequently and his mother telephoned quite often. Many times they tried to assert parental responsibility. D. was promoted to the first grade and did satisfactory school work. He continued treatment with the psychiatrist who felt that the child could continue treatment with a caseworker.

D.'s behavior on the whole seemed more grown up although he had periods of infantile behavior and periods of hyperactivity. He got along reasonably well with the other children although there was a great deal of fighting with them.

He made regular visits home, but soon could not since his mother had to be hospitalized again. D. was very depressed and was worried about her, fearful that she might never be released from the hospital. D. only seemed relieved after telling social worker he would discuss that with his psychiatrist. He was, however, able to verbalize to the worker some of his anxieties with some precision after constant psychotherapy. He was very attached to his cottage mother and to his therapist who formed the chief boundaries of his world at the institution.
Because of his constant contacts with his own family at one time during placement, D. was more susceptible to the feeling of dread he had when his mother was hospitalized again. The child, relatively younger than the average child who is usually accepted for institutional placement, could very well have been confused by all the changes taking place regarding his very own parents. Attempts to fill in the gap created by such unfortunate separations were undertaken by the caseworker. Glickman says:

"... One of the most important aspects of the relationship between the child and the worker, it should be pointed out, is that the worker in the child placement agency plays a dual role in the relationship. In order to help the child use the treatment measure of placement so as to gain emotional health and development, the worker in his parental role makes dynamic use of the child's environmental resources. In his therapeutic role he directs his efforts toward helping the child resolve his inner conflicts created prior to the placement and toward effacing the symptoms stemming from this source and from the recent blow to the child of losing his family."

Responses of Children Whose Parents' Mental Equilibrium Has Broken Down

Case No. 14 - P. H.

First Year:

P. was admitted to a temporary foster home before he was transferred to the institution where he stayed a year and a half before being moved to a more permanent foster home. While at the institution, he initially seemed to be happy in his cottage and seemed to enjoy school. At the same time, considerable aggressiveness was noted toward other boys.

P. spent the summer at camp where he was well liked by counselors and peers. When he returned to the institution, he became more troublesome in the cottage and soon began to direct his rebellion and anger against the cottage mother herself. This became steadily worse and finally, a foster home placement was effected. The psychologist felt that part of the boy's difficulties was due to his having recently become much more

1Glickman, op. cit., p. 247.
able to relate closely to an adult and having found himself frustrated in this regard because of the nature of cottage living. His cottage mother was just not able to give him all the attention he craved.

Second Year:

P. made a fairly good adjustment in his foster home, but ran away after five months. He was restless in wanting to return to his own mother with whom he understood he could not live. He maintained that his foster home was a good one, on the other hand, there had been considerable tension between him and a foster brother in the home. P. was a determined child whose strong attachment to his mother continued to prevent his establishing and sustaining a meaningful relationship to parent figures.

Since his return to the institution, he was generally conforming to routines and regulations governing the group. He had attempted to run away on one occasion after he tried to manipulate his social worker into granting visiting privileges with his mother for the weekend. He was overtaken boarding a bus bound for home and he grudgingly agreed to return to his cottage. He made no further attempts to go home without permission.

On his next visit home, he refused to return to the institution and the cottage parent had to get him at the request of his mother and sister. Other than that, P.'s changeover from foster home living to institutional living was uneventful and his school record was quite satisfactory.

His strong desire to live with his mother continued to be prevalent and P. resisted all attempts to examine his feelings in that area. He showed some gains in controlling his impulsive behavior by accepting all other limitations governing his group. He later accepted visiting privileges grudgingly.

The circumstances surrounding P.'s separation from his mother and his immediate placement in an institution leave room for one to believe that the child was not prepared for his move. Because of the emergency placement and probably a good many other factors, he was not able to relinquish his home ties to the extent that acceptance of his need to be away from home could foster good institutional adjustment. His seeming
unrest and occasional run-aways were evidences of this. The caseworker noted some response P. had to his restrictions which limited his visits home, although it was hard to explore the child's feelings regarding his familial relationships. It could be mentioned that "a response, however simple, implies a change, a difference."^1

Case No. 15 - J.Mc.

First Year:

When first admitted to the institution, J. was homesick and had temper tantrums after his mother and grandmother visited. He was placed in school on the grounds and he took advantage of the situation and cut school on several occasions. His progress academically was poor.

The psychiatrist who saw J. in therapy felt that the boy was a child who was unable to relate closely to anyone and that if there was any progress at all it would be very slow. He described J. as being schizophrenic as well as being a "spoiled brat." His school achievement tests revealed that his general attitude was highly defensive and that he was still functioning seriously below his intellectual potential. He showed lack of ability to concentrate and his motivation was erratic and weak. It was recommended that he continue to receive special individual and small group teaching techniques.

J.'s emotional development proceeded at snail's pace, but there was definite improvement. With his cottage parents, he went through a phase of infantile behavior. His relationship with his worker was not an intensive one. He almost never went to see her, as many boys did, because he was lonesome or in need of encouragement. His visits were almost always strictly business. . . He was a 'lone wolf' and his relationships with other children were confined to acting out activities. After his visits home, he had bouts with asthma. He frequently clung to his cottage father, but wanted nothing to do with his cottage mother.

Second Year:

J. continued to live in the same cottage with the same cottage parents. He also continued in psychotherapy and remained in

^1Noyes, op. cit., p. 6.
school on the grounds. His work improved slightly and he began to take a little more interest in it. J.'s insight into the problem regarding his mother seemed to come closer into consciousness and while his general defensive measures, such as babyish behavior, temper tantrums, manipulations, etc. were somewhat diminished, his anxiety became more sharply focused and he began to press quite strongly for a return to his own home for good. This seemed to be a reaction against his hostility toward his mother. He continued to have upsets regarding his home visits, thus they were limited.

J. possessed many of the symptoms of the rejected child. Studies of rejected children have revealed

... egos of rejected children suffer severe damage which will evidence itself in behavior. Sometimes the rejected child refuses to grow up; his speech is unintelligible and his mannerisms infantile. ... He may also lie, steal and take perverse satisfaction in upsetting mother or teacher.¹

Excerpts from the record revealed that J.'s emotional development improved during the second year at the institution. With psychiatric assistance, some of the child's underlying difficulties were revealed as the caseworker recognized the need for this in establishing a more positive relationship with the boy.

CHAPTER VI

CONCLUSIONS

Prevailing patterns accompanying the gains in knowledge about the development of children include frequent classifications of certain types of behavior. Such classifications are essential to the organization of thought and serve as keys to discussion of an individual's activity or change in relation to his environment. Glickman's classification of parents facilitates the consideration of children who, because of the nature of their parent-child relationships, are members of inadequate families.

This study revealed that there were many parental characteristics common to all categories. For example, The Ego-Defective Parent (Cases No. 1, 2, 3, and 4)\(^1\) who is characteristically unable to function within the requirements of reality and to adapt acceptable behavior in making a satisfactory adjustment—usually treated his family cruelly, criminally neglected his children, and showed little or no interest in the latter or their welfare. The Parent Who Feeds on His Child For Mental Survival (Cases No. 5, 6, 7, 8, and 9) was also found to lack the ability to be rational. Consequently, he, too, was often out of reality's bounds. One parent's infantile demands on her child like another's over-powering mother-feelings for her son could even be "masked" symptoms of disoriented egos. However, the parents of the second category used their children as mechanisms of gratification in attempting to survive the stresses and strains of adjusting in their

\(^1\)Parenthetical references indicate specific cases which illustrate the particular ideas which are discussed.
environment. It was noted that the Narcissistic Parents (Cases No. 10, 11, 12, and 13) possessed more strengths than parents in other categories and that they showed some ability to care for their own children. In spite of these potentials, these parents—for one reason or another—were relatively anxious to have their children placed and seemed to be relieved when this was done. The outstanding feature in this group was the desire of the parents to consider their attitudes and feelings first. One parent was mentally ill, while two others had apparently tried to rear their children to no avail.

The Parent Whose Neurotic Equilibrium Broke Down (Cases No. 14 and 15) was the category which involved an intervention of some tragedy or crisis. These parents seemed to have provided a satisfactory home for their children before the precipitating incident occurred. In one instance, the child's behavior became unbearable, while on another occasion, the parents' ability to care for their child was impaired because of their excessive drinking habits. These parents may also be said to have been victims of punctured egos and they were more often than not perpetrators of disoriented behavior.

As for the children's response to casework services at the institution, it would be folly to attempt to associate any specific number or kinds of behavior reactions peculiar to the child whose parents fall into a particular category as determined by Glickman's classification. It happened that the children of parents in the first category made good adjustments in the institution. Their primary behavior reactions were described by such terms as "aggressiveness," "withdrawal and unnatural
conforming," "insecurity," and "friendly and easy going." All seemed to progress satisfactorily during the second year. Two children needed no intensive casework treatment, another appeared skeptical to form real relationships, and one made progress in all areas of relationships except in the area with his parents whom he rebuffed.

Children of parents in the second category adjusted well to institutional placement for the most part. One had a "meaningful experience,"
one was "agonizingly sick" for his former shelter (a temporary institutional placement); one adjusted satisfactorily; another was resistive to placement and was quite withdrawn; and another was "timid and helpless." It was interesting to note that the parents in this category played a relatively dominant role in influencing the child's reactions to his placement. All of the parents, except one, at one time or another had scenes with their children wherein the latter were recipients of negative, hostile advice or explanations. The remaining child experienced a series of traumatizing experiences including several unworkable placements in foster homes. The glaring results of his problems of adjustment were revealed in his unnatural preoccupation with sex at the age of seven and his institutional placement very shortly afterwards. Three of the children in this category had to undergo intensive individual therapy with a psychiatrist. The children's behavior ranged from "withdrawal and resistance," "over-timidity and helplessness," "subtle aggressive manner with underlying hostility," to "provocative, aggressive behavior." During the second year, however, adjustment progress was noted in all of the children except the child who entered the institution when he was seven years old.
Interestingly enough, no children of parents in the third category were described as making good or satisfactory initial adjustments in the institution. One child adjusted well superficially, another did not get along with her peers in the cottage, one experienced initial homesickness and was a source of irritation to his peers because of undesirable habits, and another (admitted at the age of 5 years) was unusually hyperactive in the presence of his psychiatrist, demanding of his worker's attention, and was known to lapse into baby talk on occasion. Intensive therapy—individual or group—was utilized by all of these children in the third category.

The children of parents in the last classification category were both initially dissatisfied with institutional placement. One child was aggressive and troublesome, while another was unable to relate closely with anyone and manifested infantile behavior. The latter received intensive therapy, and (along with the former) seemed to calm down during the second year, although anxieties were still present.

The most outstanding common thing noted in the study was apparently the fact that all of the children were separated from their parents or parental substitutes—a traumatizing experience itself. More often than not, it appeared that many of the children felt rejected by their parents. This rejection was manifested in many ways. Let it be remembered that disguised rejection, where the parents take an active interest in the child and his welfare, is easily detected by the sensitive child (Case No. 13). Other times, a parent may inflict corporal or verbal punishment on the child (Case No. 3), evidencing his underlying hostility. The parent who
sets up too rigid standards for the child (Case No. 5) is in effect apparently refusing to accept him.

The behavior of the rejected child may vary from extremes of withdrawal to extremes of aggression—typical reactions of individuals whose desires to reach certain goals have been thwarted for one reason or another. To go a step further, the rejected child might sulk and manifest infantile behavior as a result of having guilt feelings. Particularly, the child (Case No. 15) who feels responsible for her father's death may sense an attitude of antagonism from his mother. In turn, the mother's desire or ability to realistically interpret the father's death goes far in determining how the child will adjust to his new situation and how he will feel about his mother.

The over-protected child (sometimes over-protected because of the parents' guilt feelings about rejecting him) is usually not socially mature. Because the formation of friendships has been discouraged by the parent in many instances, the child (Case No. 8) may experience special anxieties in the area of getting acquainted with others and is usually submissive. The more aggressive reactions the child may have towards rejection may take the form of rebellion, jealousy, hyperactivity, a tendency to annoy others, and many attention-seeking behavior (Case No. 12). The boy who consciously defies his mother or does things to upset her (Case No. 3), the child who constantly brags, and the girl who is preoccupied with the opposite sex (Case No. 11), may all be examples of the preceding.

Regardless of the inadequacies in his home or the traumatic episodes experienced there, it is recognized that many children often maintain
an emotional bond that appears more appealing to them than a placement which seeks to fulfill many of their unmet needs (Case No. 14). Realistically, all children have the need to feel wanted, to be loved, and to experience satisfying relationships with adults and other children. Then, when it is decidedly an asset for the child to be placed in an institution, the youngster very definitely has opportunities for unstructured and structured group experiences. The relatively withdrawn child has the opportunity to form relationships with any one of a number of people at his own pace (Cases No. 2 and 8). The aggressive child has more chances for acceptance in an institutional setting which has a number of activities specifically geared to meet his needs (Case No. 1). In addition, some parents are easier to work with, since their relationships with the child are not as threatened by institutional placement as by foster home placement (Case No. 9).

It is difficult to evaluate methods of treatment services, since a variety of things happen to a child during institutional placement. So many disciplines are involved until it is virtually impossible to isolate the effect any one procedure or technique has on a particular response.

The study further revealed that the institutional caseworker, hardly ever working singularly in the child's best interest, assumed the brunt of the responsibility in the treatment planning for the child and was often involved in his adjustment program. Although there were times when the caseworker utilized her skills and techniques to just make a child feel comfortable enough to ventilate some of his suppressed feelings
which served as barriers to his adjustment progress, there were available services of the psychiatrist, the psychologist, and more increasingly, the groupworker. Whenever it was deemed feasible, and most times it was, contacts with own parents were encouraged. In spite of this policy, there were times when—because of the child's upsetting reactions to his home situation—the caseworker found it best to limit such contacts. Cooperation from the parents was requested although the lack of this disrupted the treatment process for the child many times.

Because of a variety of reasons usually stemming from the child's conditioned outlook on life before he entered the institution, it is universally accepted that some children never really benefit enough from placement in an institution for normal children to make satisfactory adjustments in society upon discharge. Nevertheless, a majority of the children used in the study made strides in progress and their responses seemed to reflect satisfactory adjustment in the institution as a result of casework efforts which included work with the "whole" child and his ability to adapt to situations.
Schedule

I. Source of Referral

II. Reason for Referral (According to Referral Source)

III. Classification of Parent/Parents as evidenced in Referral Material

IV. Child's Reaction to and Relationship with Mother or Mother Substitute

V. Child's Reaction to and Relationship with Father or Father Substitute

VI. Child's Attitude and Behavior During First Year in the Institution (From Yearly Summary and Camp Report)

A. Indications of Adaptive Ability or Efficiency In Environment
   1. At the institution
   2. At school

B. Indications of Attitude or Understanding as Evidenced from Child's Verbalizations

C. Indications of Disabling Habits and Conditions

VII. Child's Attitude and Behavior During Second Year in the Institution (From Yearly Summary and Camp Report)

A. Indications of Adaptive Ability or Efficiency In Environment
   1. At the institution
   2. At school

B. Indications of Attitude or Understanding as Evidenced from Child's Verbalizations

C. Indications of Disabling Habits and Conditions

60


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